Name in Full Elisha W. Andrews

Certificate of Death

Died at Town County Caroline MARYLAND

Date 189 9 Month 7 Day 22 Age Y. 84 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Federalsburg Courier

Address 7-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

J. T. Frampton & Son, F.D.

8-29

Name in Full Haywood Leon Boston

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Data 189 9 " 7 " 9 Month Day | Aga Y. 1 M. 1 D. 15 | Native of this State | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife 81

Father's Name Alonzo Boston Mother's Name Amanda Friend

Cause of Death Primary Inflamation of — How long sick 8 days

Immediate — the Stomach ~~Accident, Suicide, Homicide~~

Reported by Sherida P. Manship M.D.

Address Denton Caroline Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jas. Brodus.

Certificate of Death

Died at Town Federalsburg. County Caroline Co. MARYLAND

Date 189 9 Month 7. Day 14 | Age Y. 37 M. — D. — | Native of Md. | Occupation Machinist

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Mrs. M. Brodus.

Father's Name

Mother's Name

Cause of Death: Primary Typhoid fever. Immediate Hemorrhage - Shock.

How long sick 12 days.

~~Accident, Suicide, Homicide~~

Reported by Geo F Galloway.

Address Federalsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Charles Butler

Certificate of Death

Town

County Caroline

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	7 —	Age				

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dr. May '6 Enterprise

Address 7-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Mrs. May Collins

Died ~~in~~ Town near Federalsburg County Caroline MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	7	15	Age 80			

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband / Wife of Isreal Collins

Father's Name

Mother's Name

Cause of Death — Primary: Old age 141 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Federalsburg Courier 7-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998

Rev. J. A. Pearce, Colored M.E. Church

Name in Full Annie Dill

Certificate of Death

Died at Town Whitleysburg County Caroline MARYLAND

Date 1899 Month 7 Day 21 | Age Y. 35 M. — D. — | Native of Del | Occupation House-Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ of Wife Dill

Father's Name Jonathon Longwell Mother's ~~Name~~ co.

Cause of Death Primary Phthisis 22a | How long sick 8 Mo.

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Sheridan P. Manship M.D.

Address Denton Caroline Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Ginge G. Draper

Town

County Caroline

Died at

MARYLAND

Date 1899 Month 7 Day 6 | Age Y. M. D. Infant | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name T. H. Draper

Mother's Name Fannie Draper

Cause of Death: Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Greensborough Free Press

Address

7-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

David Paul Gibson

Town

Died at Hillsboro

County

Caroline

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 July 11		Age 8.	6.	3.	Caroline	

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of

Wife

Father's Name Horace Gibson

Mother's Name Rebecca Gibson

Cause of Death — Primary: ~~Scarlet~~ Burns 146a

How long sick: 10 Hours.

Immediate: Burns. Shock

Accident, ~~Suicide, Homicide~~

Reported by Wm J Bailey M.D.

Address Hillsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name in Full Daniel Hammond

Certificate of Death

Died at Williston County Caroline MARYLAND

Date 189 9 Month July 20 Day | Age Y. 5-8 M. — D. | Native of Delaware | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Anney Hamon

Father's Name — | Mother's Name —

Cause of Death: Primary Parletick 44 | How long sick 7 ours

Immediate | Accident, Suicide, Homicide

Reported by S. Howell & Son

Address Denton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. Ward

of Andersonville

Seen by Coroner _____

of _____

Name in Full: Elizabeth Horney

Certificate of Death

Died at Town: Hillsboro County: Caroline Co MARYLAND

Date 1897 Month: July Day: 13

Age Y. M. D.: 8 7

Native of: America

Occupation:

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name: Westen De Lovedy

Mother's Name: Ida Horney

Cause of Death: Primary: Colica Infantum

Immediate: 82

How long sick: 4 weeks

Accident, Suicide, Homicide

Reported by: John F Russum Undertaker

Address: Hillsboro Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Name in Full

Mrs Edw. Moore.

Certificate of Death

Died at Town Ridgely County Caroline — MARYLAND

Date 1899 Month 7 Day 5 | Age Y. 2 M. 4 D. 18 | Native of Md | Occupation Infant.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ ~~Wife~~ of ———

Father's Name Jas. Knotts Moore | Mother's Name Mary Heard Moore

Cause of Death: Primary Oleo Colitis 8 2 | How long sick Five days

Immediate | Accident, Suicide, Homicide

Reported by Dr. S. S. Stone.

Address Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Miss Elily J. Layton

Died at Town near Burrsville County Carline MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	19	Age 53				

Date 189

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name W. J. Layton

Mother's Name Katherine Layton

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dew Journal

Address 7-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7989R

Name in Full Morris

Certificate of Death

Daniel ~~Hammond~~

Died at Town Williston County Caroline MARYLAND

Date 189 9 Month July Day 20 Age Y. 57 M. 9 D. 5 Native of Delaware Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband / Wife of not married

Father's Name not known Mother's Name not known

Cause of Death Primary Occlusion of Cerebral vessel How long sick

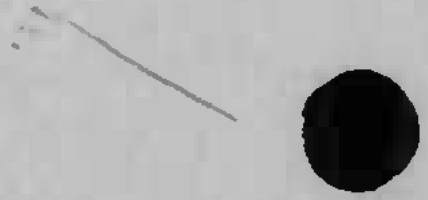
Immediate Paralysis 44 ~~Accident, Suicide, Homicide~~

Reported by Jas H. Ward, M.D.

Address Hindersontown, Caroline Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



Name in Full: William Oscar Wooters

Certificate of Death

Died at: Town: Hillsboro County: Caroline MARYLAND

Date 1899 Month: July Day: 7

Age Y. 1 M. 2 D. 20

Native of: Caroline

Occupation

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband / Wife of: Wm Wooters

Father's Name: Wm Wooters

Mother's Name: Mary Wooters

Cause of Death: Primary: Entero colitis 82

Immediate: Meningitis

How long sick: one week

Accident, Suicide, Homicide

Reported by: W H F Miller M D

Address: Hillsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898